

**AFLP SEMI-ANNUAL PROGRESS REPORT**

Grantee/agency should duplicate this form to prepare reports.	<b>WE ENCOURAGE YOU TO BE BRIEF. PLEASE LIMIT REPORTS TO A MAXIMUM OF 10 PAGES.</b>	<b>1. REPORT PERIOD</b>  <input type="checkbox"/> July to December, 20____ <input type="checkbox"/> January to June, 20____ <input type="checkbox"/> Other (Specify)_____
<b>SUBMIT ORIGINAL AND 2 COPIES TO:</b>  <b>YOUR CONTRACT MANAGER</b> Maternal and Child Health Branch 1615 Capitol Avenue, MS 8305 P. O. Box 997413 Sacramento, CA 95899-7413		<b>2. GRANT/ALLOCATION NUMBER</b>  _____
<b>3. PROJECT TITLE:</b>	<b>5. AGENCY REPRESENTATIVE PREPARING REPORT</b>  Name:  Title:  Phone:	<b>4. AGENCY NAME AND ADDRESS</b>

**INSTRUCTIONS**

Item 1-5: Self-Explanatory

- Item 6: **ATTACH SEMI-ANNUAL PROGRESS REPORT TO THIS FORM.** Please limit the report to a maximum of 10 pages. The report must include the following:
- a. Summarize progress made to date toward meeting each objective in the Scope of Work, Exhibit AAAA. Use quantifiable terms, if applicable
  - b. Briefly describe any problems encountered in implementing each objective. Outline strategies for dealing with the unresolved problems.
  - c. Discuss personnel transactions (including vacancies) that have had an impact on meeting the objective.
  - d. Address any issues needing the special attention of state staff.

Retain a copy of this report in file and submit any additional contract deliverables specified in the SCOPE OF WORK, Exhibit AAAA, directly to your Contract Manager under separate cover.

**CERTIFICATION BY PROJECT DIRECTOR:**

I affirm that the information presented in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature

Date

\_\_\_\_\_  
(Project Director)

**ADOLESCENT FAMILY LIFE PROGRAM**  
**Semi-Annual Progress Report**

Please respond to the following in a descriptive, succinct manner. (Please complete a separate report for each program.)

**GOAL 1: Systems: Define, coordinate, and integrate systems of care that support and assist pregnant and parenting adolescents and their children.**

**Objective 1: Adolescent Family Life Program (AFLP) grantee will establish and/or actively participate in local collaboratives designed to establish, sustain and enhance comprehensive systems of care for children, adolescents and their families.**

- Describe any local and state initiatives currently taking place in your County that impact adolescent parents and/or their children and families. (These could be initiatives that have either a positive or negative impact on the population served)
  
- Describe your role in supporting or opposing these local and state initiatives including activities undertaken, accomplishments, collaborative work with other groups, etc.
  
- Please identify and describe any formal (memorandums of understanding or interagency agreements) or informal agreements that were established or renewed within this report period with programs that provide similar services and/or serve the same target population (i.e., CalSAFE, Cal-Learn).

**Objective 2: In accordance with the AFLP Standards, the AFLP grantee will collaborate with a network of local service providers to assure that appropriate and necessary community services are available to clients.**

Please identify for each of the service areas below the level of service available to teens in your community. (If inadequate, identify nature of problem.)

**NATURE OF PROBLEM**

Services	Adequate	Inadequate	Availability of Services	Access Issues (Cost, Waiting List)	Linguistically Appropriate
Child Care					
Transportation					
Affordable Housing					
Teen Shelters					
Educational Options					
Mental Health Services					
Alcohol/Drug Services					
Prenatal Care					
Family Planning					
Dental Services					
Medi-Cal Providers					
Well-Child Care (IZ Checkups)					
Translation Services					
Other					

- Describe what your agency has done to address service gaps, barriers, and cultural appropriateness of services, resources, and service quality in your service area.
- Identify changes in the provider network since the last report period that have impacted services to pregnant/parenting adolescents. This should include new or lost providers, services they provided and how this has impacted your clients?

- Indicate the number and type of agencies represented at each of the network meetings held during the report period. Describe activities undertaken to promote participation in your network meetings.
- What issues did your service network address during the report period that pertains to pregnant and parenting adolescents and their children? Describe actions and activities undertaken to address these issues.

**GOAL 2: Case Management: To enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.**

**Objective 1: In accordance with AFLP Standards, AFLP grantee will provide the months of service (MOS) as specified under Performance Requirements to eligible adolescents and their children who are not enrolled in Cal-Learn.**

- MOS contracted for: \_\_\_\_\_
- If you are above OR below your projected MOS for this date, please explain.
- Do you maintain a waiting list? Yes \_\_\_\_\_ No \_\_\_\_\_
  - If Yes, please enter the total number of adolescents who are on the waiting list as of the end of the report period: \_\_\_\_\_
  - If No, estimate the number of pregnant/parenting adolescents that would be interested in becoming clients: \_\_\_\_\_
  - If No, was your program able to accept all eligible referrals received during the report period? Yes \_\_\_\_\_ No \_\_\_\_\_
- Describe case finding activities that have taken place during the report period. This should include activities directed toward high-risk groups, hotspots, as well as community agencies and other service providers. If no outreach has taken place, please explain.

**Objective 2: AFLP grantee will maintain and utilize an updated program Standards Implementation Document (SID) that incorporates the AFLP Standards and MCH Branch AFLP Policies & Procedures.**

- Has new staff been hired during the report period? Yes \_\_\_\_\_ No \_\_\_\_\_
  - If yes, have they been oriented to the SID? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- Has the SID been reviewed during the report period to identify areas that need revision? Yes \_\_\_\_\_ No \_\_\_\_\_

**Objective 3: AFLP grantee will maintain sufficient staff to administer the program and provide case management services in accordance with AFLP Standards and MCH Branch AFLP Policies & Procedures.**

- Attach the Lodestar Caseload Analysis and Months of Service report covering the report period. Provide current Personnel List on Form 6 and complete all information requested on the form.
  
- If the agency experienced staff vacancies/leave of absences during the report period, describe:
  - What was done with the caseload?
  
  - The impact to the agency and its staff.
  
  - The impact on the agency's ability to meet the MOS.
  
  - The impact on the agency's ability to adhere to the 40:1 ratio and duration.
  
  - The impact on clients.

**Objective 4: AFLP grantee will maintain qualified staff to administer the program and provide case management services in accordance with AFLP Standards and MCH Branch AFLP Policies & Procedures.**

- Using the chart below, indicate training needs identified by the agency and their staff, what has been provided during the report period, whether training is planned for a future period, or whether agency has no plan or means to provide needed training.

<b>Training Provided This Report Period</b>	<b>Training Needs Not Yet Provided</b>	<b>To be Provided (estimated date)</b>	<b>Cannot Provide</b>

- Discuss reasons that needed training cannot be provided with resources available to agency.

**GOAL 3: Health: Promote implementation of the State MCH Five-Year Plan and attainment of its Goals and Objectives as specified in the California MCH Priorities (Page 14).**

**Objective 1: Promote primary and preventative health care utilization by pregnant and parenting adolescents and their children.**

- Provide a summary that describes your program's activities during the report period that addresses the "prevention" of the following: Poor Perinatal Outcomes, Sexually Transmitted Infections, Unplanned Repeat Pregnancy, HIV/AIDS, Substance Abuse, Violence, Injury.
- Provide a summary that describes your program's activities during the report period that addresses the "promotion" of the following: Breastfeeding, General Health, Family Planning, Early & Consistent Prenatal Care, Well-child care, Age-appropriate Immunizations, School Attendance, Educational Achievement, Healthy Lifestyle Choices.

## **PROGRAM NARRATIVE**

1. Briefly describe any problem(s) or barrier(s) encountered by your AFLP not previously addressed in this report. If appropriate, describe what steps you have taken to correct or resolve the problem(s) or barrier(s).
2. Describe any significant accomplishments experienced by the AFLP during the report period not previously addressed in this report.
3. Attach either a client letter that describes the positive impact case management has made in her/his life OR a vignette that illustrates the case manager's/program's role in working with a client to resolve barriers and move toward achieving her/his goals.
4. Does your AFLP need technical assistance from MCH (i.e., new director orientation, form development, etc.)? If yes, please describe.
5. Identify Lodestar technical assistance sought during the report period.